

## Application Data Sheet

### **Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Group Art Unit:: N/A  
CD-ROM or CD-R?:: Listing  
Number of CD disks:: 1  
Number of copies of CDs:: 1  
Sequence submission?:: Paper  
Computer Readable Form (CRF)?:: Yes  
Number of copies of CRF:: 1  
Title:: PROTEIN EXPRESSION SYSTEM  
Attorney Docket Number:: 01794100H406US1  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Total Drawing Sheets:: 7 (8 Figures)  
Small Entity?:: Yes  
Petition included?:: No  
Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: John  
Middle Name:: C.  
Family Name:: Salerno  
City of Residence:: Averill Park  
State or Province of Residence:: NY  
Country of Residence:: US  
Street of mailing address:: 111 Edgewood Drive

City of mailing address:: Averill Park

State or Province of mailing address:: NY

Postal or Zip Code of mailing address:: 12018

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Michael

Family Name:: Hanna

City of Residence:: Averill Park

State or Province of Residence:: NY

Country of Residence:: US

Street of mailing address:: 75 Loon Creek Lane

City of mailing address:: Averill Park

State or Province of mailing address:: NY

Postal or Zip Code of mailing address:: 12018

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Jane

Middle Name:: F.

Family Name:: Koretz

City of Residence:: Slingerlands

State or Province of Residence:: NY

Country of Residence:: US

Street of mailing address:: 6 Keats Common

City of mailing address:: Slingerlands

State or Province of mailing address:: NY

Postal or Zip Code of mailing address:: 12159-2409

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Donna  
Family Name:: Crone  
City of Residence:: Troy  
State or Province of Residence:: NY  
Country of Residence:: US  
Street of mailing address:: 28 Winter Street  
City of mailing address:: Troy  
State or Province of mailing address:: NY  
Postal or Zip Code of mailing address:: 12180

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Susan  
Middle Name:: M. E.  
Family Name:: Smith  
City of Residence:: Averill Park  
State or Province of Residence:: NY  
Country of Residence:: US  
Street of mailing address:: 111 Edgewood Drive  
City of mailing address:: Averill Park  
State or Province of mailing address:: NY  
Postal or Zip Code of mailing address:: 12018

### **Correspondence Information**

Correspondence Customer Number:: 07278

### **Representative Information**

Representative Customer Number:: 07278

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Application claiming the benefit under 35 USC 119(e)	60/408,680	09/06/02